The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIX FEBRUARY, 1963 NO. 2

LEGISLATIVE and
MEDICOLEGAL
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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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GUEST EDITORIAL

THERE'S WORK TO BE DONE!

by Robert W. Emery, M.D., Legislative Councilor
Hampden District Medical Society

Again, we face sessions of State and National legislatures which could seriously affect the practice of medicine and the health of the public.

Of utmost importance, of course, is President Kennedy's "Medicare" program. Tremendous pressure will unquestionably be applied by the administration to push this bill through the next congress. There is little reason for listing again medicine's objections to this type of legislation. Suffice it to say that we consider it unnecessary, excessively expensive, and much inferior in quality to that of the Kerr-Mills Act now in operation. Other bills aiming to undermine the practice of medicine as we know it today will undoubtedly be introduced during the coming year. As distasteful as the job may seem we must nevertheless work diligently and with every reserve at our command to counteract all political and legislative moves in that direction.

On the state level there is also much work to be done. At the time of

this writing there are 113 bills in the Massachusetts legislature bearing medical aspects (See page 13). At its last meeting the state Committee on Legislation reviewed and studied each of these bills. Some were found to be of good purpose and the Committee recommended favorable action on the part of the Society. Others were found objectionable and disapproval was recommended. And finally there were bills that in the opinion of the Committee required further study or education before intelligent action could be taken. As one example, several bills were introduced for detecting P.K.U. in the new born. The committee endorsed the principle but recommended that the bill be rewritten to make the results much more effective.

It will be noted that on some bills "No Action" was taken by the committee. This occurred when the bill under consideration was found to be outside the jurisdiction of the committee. This happened, for instance, in the case of H. 386 dealing with the establishment of the projected medical school in the City of Springfield.

The State Committee on Legislation looks forward to a year of hard work. It earnestly solicits the support and co-operation of every member of our District Society. This is indispensable if we are to assist effectively the M. M. S. in its effort to maintain the highest quality of medical care for the citizens of our commonwealth.

FROM THE EDITOR'S DESK

DR. HAYES ELECTED ASSOCIATE EDITOR

At its January meeting the Executive Committee elected Dr. Donald R. Hayes an Associate Editor of the Board of Editors.

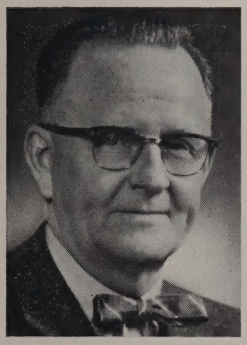
The Hippocrat welcomes Dr. Hayes wholeheartedly. The many services he has rendered to organized medicine in the past, and his present high office as Delegate to the A. M. A. qualify him admirably for his new position.

Dr. Hayes, replaces Dr. George A. Vassos, Jr. who, after several years of highly meritorious service, resigned regretfully for personal reasons.

The March issue of the Hippocrat will be devoted largely to the orientation and indoctrination of new members.

The Hippocrat is the frequent recipient of kind words from near and far. Much more rewarding would be the knowledge that it is being read regularly by our own membership.

President's Page



EVERY MEMBER A LEGISLATIVE AGENT

National and State legislatures have reconvened; new legislators have been sworn in; and our professon is embarking again on one of the most perilous and most critical epochs in the history of medicine.

Political interests have long been opposed to the free practice of medicine as we know it. It is only through the effort of a small group of wise and farsighted legislators that we have managed to keep the tide of socialism from engulfing us completely. Our position has not improved materially with the recent election.

American medicine has only recently come to the realization that it must fight fire with fire. For generations it was almost a credo of our profession not to mix in politics, but recent developments have forced a radical change in attitude. The formation of Political Action Committees at the National (AMPAC) and State (BAYPAC) levels are one part of this move. As a Society neither the American Medical Assocation nor the Massachusetts Medical Society may engage in politics or contribute to political campaigns or elections. AMPAC and BAYPAC have been set up to do the job. They assist candidates sympathetic to our cause with funds donated by our members. Their function is similar to the Political Action Committees long active in behalf of numerous other organizations.

To be effective these organizations must have the support of every physician. Only the individual may contribute funds, and this without coercion from the Societies. Not much was done in the last election because of a shortage of funds and of time. These organizations are now well established but need your contributions and support.

It has been said that the individual Doctor is his own best legislative agent. This is true but could be even truer if he would freely discuss with his legislators problems pertaining to his profession. Opinions of doctors are respected on medical subjects. We should therefore express ourselves more often and more fully to our patients and especially to our legislators. In addition we should all support BAYPAC and AMPAC to the fullest extent. (Page 20)

Ralph T. Miller, M. D.

FEBRUARY (5) MEETING HIGHLIGHTS

Meeting is held at the Sheraton-Kimball Hotel, Springfield . . . As an innovation business meeting is held prior to dinner and guest speaker . . . 184 are in attendance against 225 reservations . . .

President Miller calls meeting to order at 6:10 P.M. . . . He calls attention to a form letter on the Kerr-Mills Act for physicians to send to their patients . . . He announces in behalf of Dr. Franseen that the annual meeting of the State Committee on Trauma of the Am. College of Surgeons will be held at the Springfield Municipal Hospital on Feb. 21, 1963, 9 A.M. to 5 P.M. . . .

Report of Mental Health Committee is received . . . Recommendation that M. M. S. enter into negotiations with the State Department of Mental Health with a view to making possible joint control of a mental center in the Pioneer Valley, is approved . . .

Recommendation that the Society undertake a community wide Oral Polio Vaccine program is referred to the Public Health Committee for consideration . . . Dr. Emery reports for Legislative Committee (See page 13) . . . Amendments as published in January Hippocrat and as recommended by By-laws Committte, are adopted . . .

Following a social hour and a fine dinner, meeting is reopened by Pres. Miller . . . He introduces 5 new members and one transferee . . . He then introduces the guest speaker of the evening, Mr. David R. Palmer . . . His fascinating address on "Investments and Their Place in a Doctor's Retirement Program" is very well received . . . Meeting adjourns at 9:05 P.M.

MEDICOLEGAL TERMS

Circumstantial Evidence: Evidence from which the existence of a principal fact in a case (not otherwise proved) may be inferred.

Contributory Negligence: Any want of ordinary care on the part of the plaintiff which combines and concurs with the defendant's negligence, and without which no injury would have occurred.

Criminal Negligence: Such a flagrant reckless diregard of the rights of others as to be punishable by fine or imprisonment when death or bodily injury occurs.

Damages: Pecuniary compensation awarded to a person who has suffered loss, detriment, or injury through the unlawful act, omission, or negligence of another.

Hypothetical Question: A question based on a combination of assumed or proven facts so stated as to constitute a specific situation for expression of an opinion by an expert witness as evidence in a trial.

Negligence: The doing of something, or omission to do something that a reasonably prudent person would not do, or would not omit to do, in the circumstances.

Physician-Patient Privilege: A patient's right to prevent his physician from testifying as to any information acquired in attending the patient which was necessary in prescribing or acting in his behalf.

Res Ipsa Loquitur: The thing speaks for itself. Rebuttable presumption that defendant was negligent, which arises upon proof that instrumentality causing injury was in defendant's exclusive control, and that the accident was one which ordinarily does not happen in absence of negligence.

Tort: A private legal wrong not involving contract. The three elements are: existence of a legal duty from one person to another, breach of that duty, and an injury or wrong as a proximate result.

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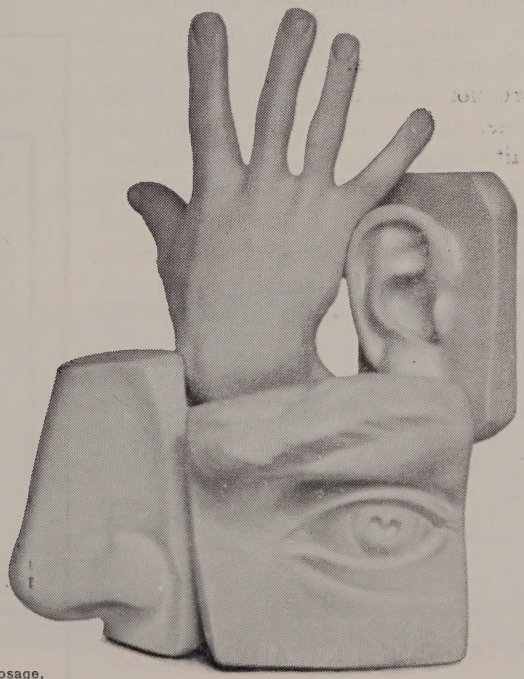

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LEGAL BRIEFS

A physician on a hospital staff may prescribe a narcotic drug to a known addict only when the addict must be kept comfortable during the treatment of a disease.

Whose wishes concerning the final disposition of a corpse carries the greater weight?

Answer: The decedent's.

A person cannot be involuntarily committed to a mental hospital for anything except observation until he has been given a hearing.

A psychiatrist suggested combined electroshock and insulin subcoma therapy to a patient with severe emotional illness. During the shock treatments he had convulsions, and with one of the insulin treatments he had a grand mal seizure that resulted in a compression fracture of 3 dorsal vertebrae. At the trial of a malpractice suit brought against the psychiatrist, the patient testified that the doctor did no warn him of the dangers and risks of electroshock or insulin treatment, and that in fact the doctor had said there was no danger from the treatments.

Was it the doctor's duty to inform the patient that one of the hazards of insulin treatment is the fracture of bones?

The Supreme Court of Missouri, Second Division, held that it was.

(334 S.W. 2d 11).

PATRONIZE OUR ADVERTISERS

Suits Against U. S. Up

Medical malpractice suits against the federal government have increased in number and size of claims in recent years. There were 131 such cases being defended or pending in December, 1961. The claimants sought more than $32 million in damages. This compares with 71 cases totaling nearly $14 million in claims on file June 30, 1958.

MORE SUITS OVER PRENATAL INJURY may be in prospect. The Supreme Court in the state of Washington has upheld an $89,000 judgment against a physician whose failure to correct a mother's anemia during pregnancy is alleged to have resulted in permanent damage to the brain of the fetus. The infant has cerebral palsy.

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COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS,
FEBRUARY 19 and MARCH 19, 1963

AMERICAN COLLEGE OF CARDIOLOGY, LOS ANGELES, CAL.,
FEBRUARY 28 to MARCH 4, 1963.

MEDICOLEGAL SYMPOSIUM, MIAMI BEACH, FLORIDA,
MARCH 8 - 9, 1963 (Page 21)

SPRINGFIELD ACADEMY OF MEDICINE, MARCH 12, 1963

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 23, 1963

M. M. S. ANNUAL MEETING, BOSTON, MASS., MAY 21, 22, and 23, 1963

ANNUAL MEETING, A. M. A., ATLANTIC CITY, JUNE 16 - 20, 1963

ATTENTION COMMITTEE CHAIRMEN!

In order to shorten the coming Annual Meeting the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only requirements are: (1) that the report not exceed 300 words (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 23.

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective Parent Committees.

Your cooperation is urgently requested.

Ray T. Smith, Secretary

HAMPDEN AT WORK

7 - Committee on Malpractice and Medicolegal Affairs

by

Robert N. LaMarche, M.D., Chairman

L. to r. Attorneys: Sherman E. Fein, Thomas J. Donoghue, Drs. Leon M. Kruger, Ralph T. Miller (President), James E. S. Hartshorn, Attorney William A. Godfrey, Drs: John E. Yelle, and Robert N. LaMarche (Chairman).

This committee concerns itself mainly with problems arising between physicians and attorneys.

It comprises members of the local bar association and of our own Society, appointed by the presidents of the respective organizations. We wish to emphasize that lawyers and physicians having any problems with each other may submit them to this committee for evaluation and, if possible, resolution. We wish to emphasize also that this committee is advisory only and that its decisions are not binding. Therefore, any complainant, if he so desires, may further submit his case to the Grievance Committee of the reciprocal profession.

In the past year, a set of rules and regulations was drawn up and agreed upon by both Societies. Every member received a copy of these rules and regulations, which aim to improve relations between the members of the two societies. A precise form was also agreed upon to be used by the attorney and sent to the physician to initiate action in any case.

The lawyers have been notified by their bar association of the need to have this form properly signed and submitted to the physician. No physician should confer, write or have any dealings with an attorney until

he has this form in his files. No action will be taken against a physician by our Grievance Committee unless this form has been properly submitted to him preliminarily by the attorney.

On his part, the physician must realize that he owes his patient the responsibility of reporting to the attorney and to appear in court, if necessary. The physician should realize also that the attorney has the privilege of seeking an opinion from another physician of similar status, who may testify for the opposition.

At this point there enters the physician-to-patient relationship where common courtesies and medical ethics have to be considered. The attending physician is the only one who can treat or refer the patient for therapy. Any physician who treats without the expressed consent of the attending physician is liable for charges before the medical grievance committee. We also recognize that the attending physician may not wish to work with certain attorneys, in which case he has the right and the duty to notify the patient that he, the physician, will not treat. The choice of either the physician or the attorney is then up to the patient completely.

Another point that I wish to make clear is that this committee in no way considers or recommends in cases of malpractice litigation. This is not a physician-attorney but rather a patient-physician problem. Similarly, a patient's litigation against an attorney is not at all any of our concern.

In closing, I wish to thank all members of the committee, physicians and lawyers alike, for their conscientious and fair minded decisions in the cases so far handled. I sincerely hope that this committee will continue to be as helpful and as fruitful in the future as it has in the past.

#

Code for Physical Examinations in Accident Cases

(Adopted By The Council, Feb. 6, 1957)

1. The place of examination in a liability case should be agreeable to the plaintiff's physician and the physician for the insurance company.
2. The plaintiff's physician should be notified of an insurance company's request for an examination.
3. If the plaintiff's lawyer will not divulge the name of the plaintiff's physician, so that his permission may be sought, no examination should be made.

From
Manual of the M. M. S.

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A. M. A.'s
COUNCIL ON LEGISLATIVE ACTIVITIES

Since this issue of the Hippocrat is devoted largely to legislation, it might be well to remind the membership of the very active part played by the A. M. A. in legislative matters. One of the many Councils of the A. M. A. is the Council on Legislative Activities. Composed of twelve physicians with an appropriate secetarial staff, this Council is extremely active during the time Congress is in session. The members of the Council are chosen not only for their interest and ability in legislative matters, but also for their geographical representation. In its report to the House of Delegates at the November meeting in Los Angeles the Legislative Council noted that during the 87th Congress over 20,000 bills were introduced in Congress. Of the 6,030 introduced during the second session, 494 were of sufficient interest to medicine to require study. About half of these measures (222) were analyzed in detail and considered at regular Council meetings. It was further noted that during the second session of the 87th Congress over 28,000 pages of the Congressional record and nearly 10,000 pages of the Federal Register were read and items of interest to medicine were excerpted. Such activity obviously requires multiple meetings and considerable time and effort on part of the Council.

When dealing with legislative business of particular interest the Council recommends the position to be taken by the American Medical Association. This is then reviewed and acted upon by the Board of Trustees. I am sure that everyone knows that the A. M. A.'s Legislative Council maintains a Washington office; I am not sure, however, that everyone is aware of the close association that exists between the Legislative Council and the Woman's Auxiliary to the American Medical Association. The Auxiliary has representation on the Council and has always proved extremely active and effective.

Two information aids are prepared and distributed by the Council to keep physicians alerted and informed on legislative proposals affecting medicine. They are: *Medical Legislative Digest,* forwarded to about 4,000 persons twice a month while Congress is in session. It contains a brief analysis of all major medical legislation and a comment on the current status of bills; and, *Legislative Roundup,* a weekly newsletter distributed to about 700 persons. Copies are available, I am sure, to anyone on request.

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YOUR LAWMAKERS

If you would like to write to your elected representatives regarding proposed legislation or to inform them of your opinions, here's where and how:

1. Be brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, giving your own ideas in your own words and not following a form letter;
4. Do not use carbon copies; rather, write each personally and individually;
5. Sign your letter legibly and always include your address.

Below is a listing of your elected representatives, the districts they represent, and where they may be reached.

Congress of The United States

U. S. Senators

Leverett Saltonstall (R), Senate Office Building, Washington, D.C.

Edward M. Kennedy (D), Senate Office Building, Washington, D.C.

U. S. Congressmen

First District - Silvio O. Conte (R), House Office Building, Washington, D.C.

Second District - Edward P. Boland (D), House Office Building, Washington, D.C.

General Court of Mass.

All State senators and representatives may be addressed: State House, Boston 33, Mass.

State Senators

First Hampden District: Stanley J. Zarod, (D).

Second Hampden District: Maurice A. Donahue, (D).

Hampden and Berkshire District: George D. Hammond, (R).

Worcester and Hampden District: Paul H. Benoit, (D).

State Representatives

First Hampden District: Raymond H. Beach, (R), and George T. Smith, (R).

Second Hampden District: John F. Thompson, (D).

Third Hampden District: Roger L. Bernashe, (D).

Fourth Hampden District: Mitsie T. Kulig, (R).

Fifth Hampden District: John J. Fitzgerald, (D), and David N. Vigneault, (D).

Sixth Hampden District: William J. Kingston, (D), and Anthony M. Scibelli, (D).

Seventh Hampden District: Bernard J. Foley, (D).

Eighth Hampden District: Philip K. Kimball, (R).

Ninth Hampden District: Saul Simons, (R).

Tenth Hampden District: Arthur J. McKenna, (D).

Eleventh Hampden District: James C. Corcoran, Jr., (D), and George W. Porter, (R).

Twelfth Hampden District: Stephen T. Chmura, (D).

Thirteenth Hampden District: David Bartley, (D).

Fourteenth Hampden District: Emmett J. Cauley ,(D).

Fifteenth Hampden District: Robert J. McGinn, (D).

LEGISLATIVE "HOPPER"

Left to Right: Drs.: A. J. Connelly, T. R. Miner and R. W. Emery, Chairman.

Following are some of the bills coming up this year in the State Legislature. The number of bill, one descriptive sentence, who introduced it, and the recommendation made by the State Legislative Committee, are given. For more information please feel free to call Dr. Emery, chairman of the Legislative Committee of Hampden District, or the office of the Society.

CORPORATE PRACTICE

H.1951—Authorizing the incorporation of professional corporations to practice specified professions. —Sen. Kaplan

H.2257—Same basically as H.1951, except for the provision as filed by Mr. Dunn. SUPPORT WITH AMENDMENT.

DRUGS

H.2060—Relative to adulteration of drugs. (Rep. Flynn)—OPPOSE

H.2796—To clarify the definitions of "Amidonon", "Isoamidone", and "Keto-bemidone" in the law relating to administration of narcotic drugs. APPROVE

S.68—Relative to the prescription of harmful drugs. (WITHDRAWN)

HOSPITALS

H.456—To prohibit the taking of photographs with flash bulb equipment in hospitals. - F. Buivid—OPPOSE

H.499—Authorizing the department of public health to make rules concerning the operation of ambulances. - Rep. Craig—NO ACTION

H.511—Providing that there shall be a doctor in attendance at all times in all hospitals. - Rep. Simoelli—OPPOSE

H.508—Relative to the limited registration of interns. - Rep. Rico—OPPOSE

H.1051—Relative to the determination of hospital costs. (Mass. Hosp. Assoc.)—APPROVE

H.1769—To provide for hospital care of sexually dangerous persons and persons addicted to narcotics and alcoholic beverages confined in the correctional institutions of the Commonwealth. - G. F. McGrath—APPROVE

H.2487—Relative to hospital liens. (Rep. Thompson)—OPPOSE

S.67—To permit the destruction of hospital records. (Mass. Hosp. Assoc.)—OPPOSE

INSURANCE

H.1437—To regulate organizations which provide or arrange to provide benefits to employees and their dependents. (M. J. Hoyle)—NO ACTION

H.1976—Providing for the formation of podiatrical service corporations. (Rep. Flynn) —APPROVE

H.2715—To decrease the limits of the contingent reserve fund at the end of any calendar year for non-profit hospital service corporations. (J. H. McLaughlin) —FURTHER INFORMATION

H.1121—Relative to taxation of certain corporations.—OPPOSE

LEGAL

H.263—Relative to admissibility in evidence in cases of contract or tort, for malpractice, of certain statements of fact or opinion contained in published treatises, periodicals, books and pamphlets. (Rep. Khachadoorian)—OPPOSE

H.785—Relative to reports of treatment of certain stabbings or woundings by sharp pointed instruments. (Rep. Carney for the Mass. Med. Society)—APPROVE

H.1943—Requiring specifications in the notice of intention to use statements of fact or opinion in scientific publications. (J. Tauro)—FAVOR

H.1950—Providing that certain charitable corporations or organizations shall be liable for the tortious acts of their employees. (Rep. Weinberg) —OPPOSE

S.31—Exempting registered physicians from civil liability for emergency care or treatment rendered at the scene of certain accidents. (Mass. Med. Society)—FAVOR

S.71—Relative to reports of treatment of certain stabbings or woundings by sharp points instruments. (Mass. Med. Society)—APPROVE

MEDICAL EDUCATION

S.167—Authorizing the trustees of the University of Massachusetts to provide by contract with approved medical schools for an increase of admissions of qualified Mass. residents. (Sen. Cutler)—FAVOR

S.168—To provide a state merit medical scholarship program for Massachusetts. (Dr. Francis D. Moore)—FAVOR

H.386—Authorizing the trustees of the University of Massachusetts to maintain the University of Massachusetts Medical School in the city of Springfield. (Rep. Vigneault)—NO ACTION

H.787—Providing for a minimum wage for medical interns and residents. (Rep. J. P. Kennedy)—OPPOSE

H.1535—Regulating the operation of schools for training medical laboratory technologists. (Rep. C. T. Finnegan)—OPPOSE

S.10—Authorizing the medical, dental and nursing scholarship board to award scholarships for pre-medical and pre-dental courses of study. (Sen. Harrington)—NO ACTION

H.2564—Further regulating schools for training medical laboratory technologists. (Rep. Finnegan)—OPPOSE

MISCELLANEOUS

CASH SICKNESS

H.37—Providing for the establishment and administration of a competitive fund for disability compensation.—OPPOSE

CHIROPRACTORS

H.1309—Establishing a board of chiropractors. (A. S. Klinger)—OPPOSE

H.2326—Same as H.1309. (Rep. Crane)—OPPOSE

BOARD OF REGISTRATION IN MEDICINE

H.1046—Providing for the appointment of osteopathic physicians to the board of registration in medicine. (Rep. Cohen)—OPPOSE

H.2059—Authorizing the board of Registration in Medicine to license without examination a certain physician. (Arnold Bloom)—MORE INFORMATION

H.2397—Report of Commissioner of Administration. (Note: Includes biennial registration of physicians. $10 fee)—OPPOSE

LICENSE PLATES

H.1893—Providing for the issuance of initial registration plates for registered physicians. (Rep.

G. F. Bradley)—NO ACTION

ANTI-FLUORIDATION

H.1743—OPPOSE

FALL-OUT SHELTERS

H.1585—Exempting certain fallout shelters and certain other shelters from taxation. (J. J. Maginnis)—WAIT

H.2166—Exempting real estate to the amount of $1,500 used for air-raids, bomb or fallout shelters from taxation. (Rep. Pigaga)—WAIT

H.1541—To authorize certain political subdivisions to construct or establish, equip, maintain and operate, fallout shelters and other shelters against effect of enemy attack.—WAIT

CLINICAL LABORATORIES

S.542—Establishment of qualifications for, and licensing of clinical bioanalysts engaged in the operation of private clinical laboratories in the Commonwealth.—OPPOSE

CEREBRAL PALSY

H.2569—Requiring the reporting of cases of cerebral palsy. (United Cerebral Palsy Ass'n. of Mass.)—OPPOSE

LICENSED PRACTICAL NURSES

H.2065—To provide licensure as licensed practical nurse for certain employees of the Commonwealth. (Mass. State Council No. 41 AFSC & ME AFL:CIO)—OPPOSE

SMOKING

H.303—Resolve providing for an investigation and study by a special commission relative to the effects of cigarette smoking on humans. (Rep. Brett)—OPPOSE

PUBLIC HEALTH

H.68—Amending the establishment of tuberculosis treatment centers to include any county hospitals, municipal hospitals, and hospitals licensed by the department of public health. (Department of Public Health)—FAVOR

H.69—Establishing a Massachusetts Health officer conference. (Department of Public Health)—FAVOR

H.71—Further regulating the reporting of children born with congenital defects. (Department of Public Health)—FAVOR

H.73—Providing for the commitment of persons addicted to drugs, and authorizing the department of public health to designate places or institutions as drug addict rehabilitation centers. (Dept. of Public Health)—NO ACTION

H.510—Requiring physicians treating certain infants to perform a test for phenylketonuria. (Rep. Scibelli)—OPPOSE

H.784—Same as H.73 (Rep. Armstrong)—NO ACTION

H.1338—Creation of a Commission on radiation protection.—NO ACTION

H.2803—Resolve providing for an investigation and study by the department of health relative to the advisability of requiring all places of assembly to have oxygen cylinders available for use. (Rep. Rourke)—OPPOSE

S.70—Establishing an in-patient treatment center at Tewksbury Hospital for drug addicts. (H. Ustaszewski)—NO ACTION

S.84—Reorganizing the department of public health. (Senator Cutler)—SUPPORT IN PRINCIPLE

S.225—Relative to first aid training for ambulance drivers or attendants. (Sen. Lamson)—OPPOSE

S.421—Authorizing the soldiers home in Mass. to provide for training grants for fellows in medicine, surgery, and urology. (Sen. D. Russo)—OPPOSE

S.549—Resolve providing for an investigation and study by a special commission relative to the advisability of combining the department of public welfare, the department of public health and the department of mental health into a single state department.—NO ACTION

H.2066—Relative to the establishment of a half-way house for the rehabilitation of alcoholics. (Rep. Shanley)—FAVOR

H.195—Resolve providing for an investigation and study by a special commission relative to the administration of the Dept. of Public Health and of the laws of the Commonwealth relative to the admittance, treatment and release of patients under the control of said departments. (Mr. Cuffe)—OPPOSE

SAFETY

H.242—Requiring certain motor vehicles to be equipped with safety belts. (Rep. Khachadoorian)

H.246—Provides that all driver training vehicles be equipped with a safety belt for the operator and one for each passenger. (Rep. Koplow)—FAVOR

H.670—Relative to the equipment of motor vehicles with safety belts. (A. C. Donley)—FAVOR

H.670—Relative to the equipment of motor vehicles with safety belts. (A.C. Donley)—FAVOR

H.2310—Requiring that hunting licenses bear upon their face the blood type of the licensee. (Rep. Kingston)—OPPOSE

H.1953—Providing a penalty for operating a motor vehicle while intoxicated and certain tests as prima facie evidence of intoxication. (J. A. Nelson)—FAVOR

MEDICARE

H.372—Resolution memorializing Congress to enact legislation providing for $200 monthly pension, medical and funeral benefits to all retired persons 65 and over. (Senior Citizens & Associates of America)—OPPOSE

H.612—To memorialize Congress to provide medical care for the aged through Social Security. (Rep. Ansel)—OPPOSE

H.1831—To memorialize Congress to enact Medicare. (Rep. Landry)—OPPOSE

H.2204—Same as H.1831. (Rep. Harmon)—OPPOSE

KERR-MILLS IMPLEMENTATION

H.494—Repealing liability of children for support of parents under medical assistance program. (Rep. Rosenfeld)—OPPOSE

H.764—DITTO (Rep. Kenefick)—OPPOSE

H.2038—DITTO (Rep. Langone)—OPPOSE

H.1526—Regulating applications for medical assistance for the aged. (Rep. Newman)—FAVOR

GENERAL

H.2828—H.2314—Providing that the written statement of a physician shall be sufficient to establish the need for hospitalization of persons eligible therefor under the law relative to aid to dependent children.—FAVOR

H.1562—Relative to the time for payment of certain medical bills by local boards of public welfare. (Rep. M. R. Silva)—FAVOR

AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 21, 22 and 23. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

THE SMATHERS-KEOGH ACT

Self employed individuals, including physicians, have always been at a disadvantage tax-wise in setting up pension plans. The reason is that the self-employed could set aside funds only after taxes, while pension funds for corporate employees are tax deductible. The A. M. A. and other organizations have been fighting to correct this unfair situation, and, after an eleven year battle the Smathers-Keogh Bill (H.R.10) was finally signed into law on October 10, 1962. The law now bears the title "Self Employed Individual Tax Retirement Act of 1962" (Public Law 87-792).

Just what does this mean to physicians? What tax advantage will accrue to the physician in private practice who wishes to set up a retirement fund? The answer will vary depending on the physician's tax bracket, and to a greater degree on the size of his payroll.

Let us review the pertinent provisions of the new law. Briefly, it permits the self employed individual to contribute up to 10% of his earned income annually, or a maximum of $2500.00 into a qualified retirement plan. Half of this amount would be tax deductible, or a maximum of $1250.00. However, in order to qualify, he must contribute to a pension plan for all full time employees with more than three years' servce. The amount contributed must be in proportion to his contribution for his own retirement fund, but the full amount of such a contribution then becomes tax deductible. However, ths contribution is in addition to salary, and is not deducted from salary as is the withholding tax or social security tax.

While only half the contribution to this retirment fund is tax deductible, the earnings on investments of the total fund are tax free. Thus, not alone do savings accumulate more rapidly as a result of being tax free, but with compounding of interest, substantial sums may be accumulated. Taxes are paid on these funds only when benefits are received, when the physician presumably would be in a lower tax bracket.

There are several ways, as shown later in which these funds may be invested. Physicians who are resident members of New England State Medical Societies may invest in the Beacon Investment Corporation of Boston, a no load mutual fund. Dr. Carl Bearse, who is chairman of the Corporation claims an advantage to this fund in that its expenses are low, of-

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ficers and directors receive no salary, and advisory fees are only 0.2% on the first $300,000.00 of net assets, 0.1% on the balance and 0.25% goes to the custodian. To balance such an investment, the Council of the New England State Medical Societies are planning a fixed income annuity investment plan. In addition, the American Academy of General Practice is also planning tax sheltered pension plans.

Benefits for these pension plans may start at age 59½ years or upon permanent disability or death. If pension funds are distributed sooner, all deferred taxes plus a penalty of 10% must be paid. Benefits in any case must be distributed at age 70½ years, but the amount which must be withdrawn is not certain until the Internal Revenue Service regulations clarify this point. It is not necessary to retire in order to draw retirement benefits, but the tax savings will depend on other income and exemptions. However, the physician is entitled to an extra $600.-00 exemption after age 65 years, or $1200.00 for a joint return if his wife is also over age 65.

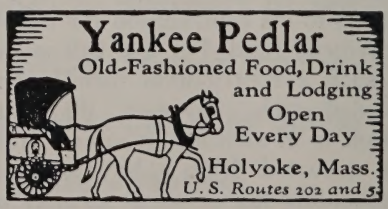
Bentfits may be withdrawn either in installments or in a lump sum. These benefits are taxed as ordinary income. However, since a lump sum would place the physician in a higher tax bracket, a special formula has been devised to correct this inequity. The tax is computed on 20% of the distribution, and a tax equal to 5 times this amount is levied.

Employees get a better tax break. First of all they pay no taxes on their pension money until they retire. Then if they wish to take a lump sum payment, the funds for tax purposes are treated as capital gains, rather than regular income, and this means a lower tax rate. The employer must treat his benefits as ordinary income.

Social security taxes paid by the physician for his employees may be taken into account under certain circumstances, and this may substantially reduce the cost of covering such employees when the payroll is high. This tax is now 3⅝% for employees, and 5.4% for self employed individuals. If he deducts from his own contribution the social security taxes that he would have paid as a self employed individual if physicians came under social security, and if the allowable contribution for himself as an owner employee is 1/3 or less of the total contributions made to the plan, he may also deduct the social security taxes paid for his employees.

Provision is made for additional contributions to his retirement plan beyond the limit of $2500.00, if the physician provides for a corresponding voluntary additional contribution by his employees. These additional contributions are not tax deductible, however, but may be made whether or not the employees avail themselves of the opportunity for additional contributions. There is a limit to this additional non-deductible contribution, however, in that it may not exceed $2500.00 or 10% of earned income which ever is less.

There is a penalty for excess contributions, which may have to be re-



turned along with any income earned on this money, and a tax paid on the earnings. If this excess contribution is not returned within six months, the physican is temporarily disqualified from participating in the plan, although his employees are still covered. However, the person for whom the excess contribution was made will be taxed on the entire income of the fund in the plan attributable to his share. If excess contributions by the physician has been determined as willful, his entire share of the fund is returned, and he cannot participate in any plan for five years. However, this does not effect his employees or the tax deductible contributions he made in their behalf. Excess contributions may be made without penalty, however, if the contributions are applied solely to the purchase of U. S. "Retirement" Bonds, or if applied to the purchase of face amount certificates, life insurance annuities, or endowment policies.

In starting a retirement plan under the new law, the self employed individual must prepare a written retirement plan. This may take any of several forms. The profit sharing plan often used in industry is not feasible for the physician, for it may involve sharing professional fees with employees. Hence, a pension plan which provides for definite contributions based on earned income is the method of choice.

The law department of the A. M. A. has pointed out several methods of accumulating these funds as follows: 1. *Trusteed plan.* Here the contributions are made to a trustee who must be a bank or trust company, who invests your funds for you. 2. *Trusted insurance plan,* whereby investments are limited to annuity, endowment, or life insurance contracts. 3. *Custodial account.* Here funds may be invested in mutual contracts alone or in insurance contracts alone, but not both. The funds are paid to a custodial account or a bank or trust company. 4. *Direct purchase of annuities.* Here contributions are paid directly to an insurance company to purchase annuity contracts. 5. *Face amount certificates.* These certificates issued by investment companies are treated as annuities and may be purchased directly. 6. *Bond purchase plan.* This new type of U. S. Government Bond soon to be issued for purposes of this law cannot be cashed until the individual reaches the age of 59½ years or becomes permanently disabled or dies. Older physicians seeking a fixed income after retirement may be interested in these bonds, since they are apt to be more interested in a guaranteed income than in growth.

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The method of payment of benefits may be important from the standpoint of taxes. Unlike the employee, who may treat a lump sum distribution as capital gain, the self employed individual must pay taxes on this amount as ordinary income. However, a special formula, as indicated earlier would apply to counter the effect of progressively higher rates on larger incomes. Annuities are treated as lump sum distributions if cashed on retirement. However, payments may be received over several taxable years if desired. Under these circumstances the method of computing the tax is quite different, and professional advice should be sought.

Generally speaking, Congress leaves the details of the tax legislation to the Internal Revenue Service in the form of "regulations". Until these regulations are issued, the new law will not be fully operational, but the I.R.S. is now drafting such regulations in cooperation with representatives of the A. M. A., the American Bar Association and others. This is not important for the immediate present since the law is concerned only with the earnings during 1963, and thereafter. Retirement plans therefore, need not be set up until the end of the current year. In fact, the A. M. A. advises deferring such plans until the I.R S. clarifies some of the ambiguous portions of the law.

Meanwhile, the A. M. A. has initiated a study to determine the best pension plan for physicians and their employees under the new law. The results of this study will be reported to the House of Delegates at the Atlantic City meeting in June.

Tillman

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MIAMI BEACH TO HOST MEDICOLEGAL CONFERENCE

Dear Hippocrat:

The American Medical Association's 1963 Medicolegal Symposium will be held at the Americana Hotel in Miami Beach, March 8 - 9. More than 1,000 physicians and attorneys are expected to attend.

Sponsored by the A. M. A.'s Legal and Socio-Economic Division, the meeting will feature three 1-1/2 hour mock trials based on medicolegal cases.

Among the topics scheduled for discussion at this meeting are: Medicolegal Aspects of Encephalography, Medicolegal Implications of Hypnosis, and Medicolegal Aspects of Cancer and Cigarette Smoking.

Previously, the A. M. A. conducted three Medicolegal Symposiums every other year. However, this year the Miami Beach meeting will be the only one.

Registration fee for the meeting will be $10 to cover the cost of a luncheon and a copy of the proceedings. Advance registration cards may be obtained by writing: C. Joseph Stetler, Director, Legal and Socio-Economic Division, American Medical Association, 535 N. Dearborn Street, Chicago 10, Illinois.

A.M.A.

PROTECTION DANGEROUSLY LOW!

The A.M.A. House of Delegates at its Los Angeles meeting pointed out that maintenance of immunity against smallpox requires revaccination every five years and warned that increasing intercontinental travel by jet aircraft makes it much easier for the disease to be introduced into the U.S.

The A.M.A. will conduct a long-term continuing campaign to increase the nation's immunity level by encouraging physicians to vaccinate their patients against smallpox and by urging the public to go to physicians to be vaccinated. At the moment, no emergency exists and no mass or community programs are warranted or recommended.

"It will be the individual physician in his office in 'Everytown, U.S.A.' as he encourages his patients to protect themselves against smallpox who will determine the effectiveness of the campaign."

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AUXILIARY DOINGS

DETECTING DIABETES

Left to Right: Elinor Hartshorn, Helen Corwin, Evelyn Ziter, Theresa Pfeifer. Vivian Purdy, Vlasta Diamond, Doris Maloney, Irene Bloniarz.

The accompanying photographs show the Woman's Auxiliary member in action. One shows her processing some of the several thousand Dreypak Diabetes Detection Kits. Negative results of the tests were mailed to the patients, while positive findings were forwarded to the doctors of other patients.

The other photograph shows the Auxiliary members enjoying a tea held at Christmas time at the beautiful home of Dr. and Mrs. Bronislaus Galuszka. This social gathering was planned by Mrs. Thomas Ferriter, with Mrs. George Ross as co-chairman. Adding to the pleasure of the afternoon was music by the Women's Bell Choir of the Second Congregational Church of Holyoke.

March and April Meetings

The March meeting of the Woman's Auxiliary to the Hampden District Medical Society will be held at 1:15 P.M. on March 5th, at the Museum of Fine Arts. Featured at this meeting and tea will be an art show with exhibits which have been painted, sculptured, embroidered, etc. by our own members and their husbands.

Mrs. Arthur Rappaport, president of the State Auxiliary, will be present to install new officers at our annual meeting in April, time and place to be announced.

The "Bay Stater"

Highest praise is due to one of our Auxiliary members who is doing an outstanding job in the publishing field at the State level. Mrs. Leslie Parent is editor of the "Bay Stater", the publication of the Woman's Auxiliary to the Massachusetts Medical Society. In the past three years she has changed the material and format

of the magazine almost completely. From the new cover design to the last page are reports, articles of timely topics, book reviews, poetry, photographs, word portraits, and special features of excellent quality and variety. The "Bay Stater" was recognized at the Chicago meeting of the National Medical Auxiliary as one of the finest publications of its kind in the country. Our congratulations to you, Wynn Parent!

Mrs. Carlo Q. Montori,
Correspondent to The Hippocrat

AT THE CHRISTMAS TEA

Left to Right, seated: Mrs. George Ross and Mrs. Eugene M. Holden, President-elect Mass. Medical Auxiliary.

Standing: Mrs. Leo Byrnes, Mrs. Thomas Ferriter, Mrs. Emil Ferris, and Mrs. Bronislaus Galuszka, Hostess.

ARTISTS, ATTENTION!

On Tuesday, March 5, the Woman's Auxiliary would like to exhibit works of art created by physicians of this area. This exhibit will be held at the Museum of Fine Arts in Springfield. Doctors who are artistically inclined and have something to show for it are urged to contact either Mrs. A. Palermo (LO 7-3756) or Mrs. Omar Pace (LO 7-7825).

The exhibit will be held in conjunction with the next Auxiliary meeting which will be held on that day. The speaker will be Mr. Frederick Robinson, Director of the Museum. Mr. Robinson would like to receive all items to be exhibited by Friday, March 1, so that the exhibit may be artistically arranged and displayed.

The telephone numbers, to repeat, are LO 7-7825 and LO 7-3756.

THE SPRINGFIELD HOSPITAL AUDITORIUM

PEDIATRIC GUEST SPEAKERS

5:00 P.M. . . . . Clinical Session
6:00 P.M. . . . . Pediatric Rounds
6:30 P.M. . . . . Dinner
8:00 P.M. . . . . Formal Lecture

THURSDAY, FEBRUARY 28, 1963
JOHN SHILLITO, JR., M.D.
Neurosurgeon
The Children's Hospital
Peter Bent Brigham Hospital
Boston
Cerebral Arterial Occlusion in Children

THURSDAY, MARCH 14, 1962
AUDREY EVANS, M.D.
Children's Cancer Research Foundation Inc.
Boston
The Treatment of Cancer in Childhood
NOTE: Program to begin at 6 P.M.

THURSDAY, MARCH 28, 1963
SAMUEL L. KATZ, M.D.
The Children's Hospital Medical Center
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Recent Advances in Knowledge of Virus Infection

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The Children's Hospital Medical Center
Professor of Pediatrics
Harvard Medical School
Boston
Basic Principles in the Use of Antimicrobial Drugs to Combat Infection

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THURSDAY, MAY 23, 1963
WYLAND F. LEADBETTER, M.D.
Chief of Urology
Massachusetts General Hospital
Boston
Diagnosis and Treatment of Bladder Neck and Urethral Problems in Children

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NEW BOOKS AT ACADEMY LIBRARY

Ackerman & del Regato: Cancer, Diagnosis, Treatment & Prognosis

Armstrong: Aero-space Medicine

Benson, Mustard, Ravitch, Snyder & Welch: Pediatric Surgery Vol. 1 & 2

Lipman & Massie: Clinical Scalar Electrocardiography

McFadden: Medical Ethics

Miller & Liebenson: Medical & Legal Evaluation of Disability in Personal Injury Cases

Stettler & Moritz: Doctor, Patient & the Law

Sulzberger & Wolf: Dermatology

White, Lee Ruck & Williams: Rehabilitation of the Cardiovascular Patient

Wolff: Electrocardiography

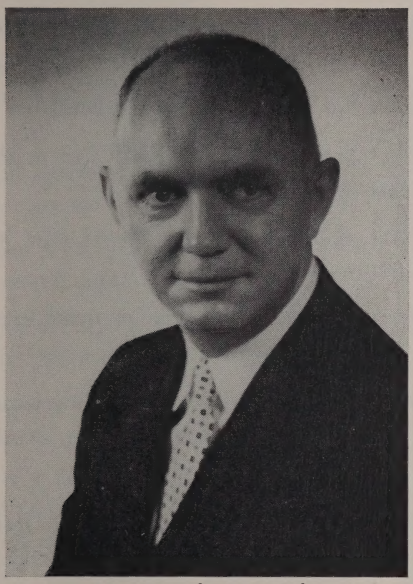
Allen, Barker & Hines: Peripheral Vascular Diseases

Stefanini & Dameshek: Hemorrhagic Disorders

Garrison: History of Medicine

Jakobovits: Jewish Medical Ethics

Davidson & Wells: Clinical Diagnosis by Laboratory Methods



Dr. Joseph M. Foley

At the March 12th meeting of the Springfield Academy of Medicine the speaker will be Joseph M. Foley, M.D., Professor and Chief, Department of Neurology, Western Reserve University School of Medicine, Cleveland, Ohio. His topic will be "Multiple Sclerosis". The Clinical Conference will be held at the Springfield Hospital at 5 p.m. on "Neurological Problems".

At the April 9th meeting the speaker will be Joseph E. Murray, M.D., Peter Bent Brigham Hospital, Boston. His topic will be "Recent Developments in Tissue Transplant". The Clinical Conference will be held at the Wesson Memorial Hospital, 5 p.m.

RESOLUTION ON MEDICAL SCHOOL

Whereas, The State Legislature has decided that a state medical school be established in conjunction with the University of Massachusetts; and

Whereas, The Springfield Academy of Medicine has as its avowed purpose the furthering of medical education; and

Whereas, The Springfield Academy of Medicine has the most complete medical library in the Commonwealth outside greater Boston; therefore be it

Resolved, That the Springfield Academy of Medicine be recorded as urging the establishment of the proposed state medical school in the Springfield area; and be it further

Resolved, That copies of this resolution be forwarded to Dr. Lederle, President of the University of Massachusetts and to Mr. Roger Putnam, Chairman of the Citizen Action Commission.

(Signed)

SPRINGFIELD ACADEMY OF MEDICINE

New Members

The following were elected recently to Academy membership.

Theodore D. Bilski, M.D., Westfield

Frank Duffy, M.D., Palmer

David L. Hemphill, D.M.D., Holyoke

John E. Yelle, M.D., Holyoke

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NEUROLOGY SEMINAR

A seminar on neurology will be given at the Providence Hospital on Wednesday, March 13, 1963, by Dr. Joseph M. Foley, professor of neurology, Western Reserve University School of Medicine and Dr. Sherwood Davidson, neurologist of Springfield. The program will run from 11:00 A.M. to 1:00 P.M. and from 2:00 P.M. to 5:00 P.M. Among the subjects covered will be the neurologic examination, diagnostic procedure, electro-encephalogram, neurological disturbance in medical conditions, dementia and multiple sclerosis.

Send check for $10.00 to Richard J. Maher, M.D., 197 Chestnut St., Holyoke, Mass.

H. D. A. M. A

The February meeting of The Hampden District Association of Medical Assistants was held on February 12, 1963, at the Providence Hospital, Holyoke. Instead of a speaker a White Elephant Auction was held.

Plans are being made for our Third Annual Membership Tea to be held in March.

A Medical Self-Help Program, sponsored by the Office of Civil Defense in Springfield, is being offered to our Society. This is an eight-week course which is being held at the Springfield Municipal Hospital every Tuesday night from 7:30 to 9:30. Many of our members are taking advantage of this opportunity.

Visit and Use the Academy Library

DON'TS FOR DOCTORS

Don't criticize a previously treating doctor without knowing all the facts.

Don't fail to keep accurate records.

Don't put personal SUSPICIONS in the records.

Don't change or add a record after an untoward event.

Don't guarantee treatment or make over-optimistic statements.

Don't fail to have an advance understanding about your charges where a substantial fee is expected.

Don't press for collection of a bill from a dissatisfied patient without thinking twice.

Don't unnecessarily withhold from the patient the dangers incident to your treatment, particularly with drugs not yet time tested.

Don't unnecessarily withhold from a patient suffering from a serious illness the material facts thereof.

Don't fail to call in a specialist where this need is indicated.

Don't fail to get the patient's consent if someone else is to be called in to do surgery or diagnostic procedures.

Don't fail to use the indicated diagnostic procedures (x-rays, rabbit test, etc.).

Don't fail to take a complete history which shows why certain procedures should not be used (penicillin, barbiturates, etc. reactions) and see that proper warnings are given.

Don't fail to confirm your instructions in writing where you have reason to believe the patient is not cooperating or where serious consequences may result.

Don't leave the city without advance notice to a patient needing continuing care.

Don't fail to respond promptly to emergency calls from your regular patients.

Don't give privileged information on only oral authorization.

Don't disclose the fact that you are covered by insurance.

Don't assume that the old fashioned doctor-patient relationship still exists.

Don't be a member of the do-it-yourself school when a malpractice claim is asserted. Report at once so it may be handled expertly.

—Defense Research Institute

CHARITY

New York state's attorney general, Louis J. Lefkowitz, obtained a court order temporarily enjoining the Cancer Cytology Foundation of America, Inc., from soliciting funds in the state. Lefkowitz charged that the charity collected $340,000 to fight cancer, but spent $316,000 of the funds for "promotional expenses". The foundation denied the charge.

San Diego County, California is starting a contest for their doctors in the hopes that it will stimulate contributions to their bulletin. Doctors are to contribute their suggestions on the efficient managing of their offices, hiring of employees, doctor-patient relationships and other problems. A "Suggestion of the Month" will be chosen by the editors and printed in the bulletin. The author of the best one at the end of a year will receive a suitably engraved desk set.

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Thiamine Mononitrate (B_1)	3 mg.
Riboflavin (B_2)	3 mg.
Pyridoxine HCl (B_6)	3 mg.
Vitamin B_{12}	3 mcg.
Niacinamide	25 mg.
d, Calcium Pantothenate	5 mg.
Menadione (K)	1 mg.
Vitamin E	1 Int. Unit
Magnesium	3 mg.
Manganese	1 mg.
Copper	1 mg.
Zinc	0.1 mg.
Iodine	0.1 mg.

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